

TRACS/ Voucher Information Sheet

Use this form to report any of the following changes

Property Name:	
Contract Number:	

TRACS Contact (Person responsible for **electronic submission** of 50059's and Vouchers)

Company Name:			
Contact Person:			
Phone:		Fax:	
E-Mail:			

VOUCHER Contact (Person responsible for **Recertifications** and **processing HAP Voucher**)

Company Name:			
Contact Person:			
Phone:		Fax:	
E-Mail:			

SPECIAL CLAIMS Contact (Person responsible for **submitting Special Claims**)

Company Name:			
Contact Person:			
Phone:		Fax:	
E-Mail:			

TRACS Software (TRACS/HUD software vendor)

TRACS Mailbox ID #:	
Software Program used:	

RETURN BY FAX TO: Rose Marsh Fax Number: 651-205-4233 OR 651-296-7069